

APPENDIX O: THE COMMONWEALTH'S ROLE IN THE PROVISION OF CONSUMER INFORMATION ON MANAGED CARE ISSUES

Appropriate information for consumers is the catalyst of the market place. Many public and private organizations collect data. However, producing credible information from these data that is usable to consumers is the challenge. Determining the appropriate role of state government in the fashioning of health information systems that are geared toward the interests of consumers is driven by a technological revolution that is fraught with both opportunities and perils. Users of the new "information age" expect ever increasing capabilities while at the same time demanding that essential safeguards protect their rights of privacy and confidentiality. In the context of these competing demands, VDH seeks to position itself as ensuring that the emerging information technologies not only enhance system efficiencies, but are also used effectively to improve the health care of Virginians.

Virginia is not the only state faced with this daunting task. In an article entitled "Health Information Systems and the Role of State Government" in the May/June 1997 issue of *Health Affairs*, Daniel N. Mendelson and Eileen Miller Salinsky provide a taxonomy and evaluation of state government efforts on the health information frontier. The range of state efforts which they identify, and the comparable efforts in the Commonwealth that are relevant to our emerging managed care responsibilities in state government include the following:

Providing Data

The collection of data by state government agencies is not a new phenomenon. More often than not, however, states have not had adequate mechanisms in place to integrate the multiple databases used by a variety of governmental entities. The result has been fragmented and duplicative systems which have precluded comprehensive and efficient analyses of available information. This situation is now turning around in many states with the availability of updated information systems and software packages that facilitate the integration of historically separate data sets, streamlined dissemination of health data, and more sophisticated analyses of the available information.

VDH has made data collection and dissemination a top priority through its Virginia Information System Integrated On-Line Network (VISION). The VISION system will allow the agency to fully integrate the different information systems within the health department, thereby enabling the user to analyze the relationships among data from multiple sources. VISION will assure timely access to comprehensive information about an individual and will also eliminate redundancy in data collection, not only for the health department, but also for hospitals and other providers. This emphasis on efficient utilization of information has enormous implications for all health care providers as they seek to improve the quality of Virginians' lives.

Disseminating Consumer Health Information

State health departments have established regulatory policies and monitored public health over the years by using such large data sets as hospital discharge databases, vital statistics, and communicable disease records. As these state agencies enter into relationships with new constituencies in the managed care era, they need to generate usable information from the data. States are also sharing information developed by the private sector about HMO performance measures, such as the Health Plan Employer Data and Information Set (HEDIS) which has been developed by the National Committee for Quality Assurance. Much of the newly available information is being made available over recently created electronic communication networks which are accessible via the Internet.

Another report that identifies what several other states are doing regarding the collection and reporting of outcomes data, and consumer satisfaction, is Jeanne M. De Sa's *The Market for Accountability: Measuring and Managing Health Plan Performance*. Published in November 1996 by the Alpha Center, the report's findings in these two areas are summarized in the table on the following pages.

This report observes that "state requirements that health plans produce and report outcomes information may not be sufficient to achieve quality assurance". Most state efforts to obtain data are voluntary, so that health plans may withhold or entirely fail to report outcomes without penalty. However, mandatory requirements raise other problems; health plans view them as intrusive and costly, and they challenge the usefulness of the state's capacity to use the required information. Consequently, the report concludes: "Most states are approaching quality improvement slowly and are focusing only on health plans that contract with Medicaid, state employees, or state-sponsored purchasing cooperatives."

The dissemination of public information about health care status in the Commonwealth is a role that has recently fallen to VDH through its health data reporting contractor, the Virginia Health Information (VHI). VHI is a nonprofit, tax-exempt health data organization that is mandated, to develop and implement health data projects that provide useful information to consumers and purchasers on health care providers including health plans, hospitals, nursing homes, and physicians. Like other states, Virginia collects health plan data on a voluntary basis. VHI's *Strategic Plan* discusses its initiatives that are related to the dissemination of information on health plans. These initiatives include publishing consumer satisfaction reports using HEDIS measures so that consumers can compare plans; publishing outcome data on obstetric deliveries using inpatient hospital data from the patient-level data base; and working with the U.S. Health Care Financing Administration to develop standard health plan identifiers for inpatient level data.

STATE	COLLECTION AND REPORTING OF OUTCOMES DATA	CONSUMER SATISFACTION
Colorado	State collects outcome data for Medicaid-participating health plans.	Medicaid agency conducts consumer satisfaction survey.
Florida	State collects selected HEDIS measures for Medicaid HMOs.	The state is administering a consumer satisfaction survey for health plans participating in CHPAs and Medicaid.
Iowa	State is developing CHMIS to collect claims-based data. Organized Delivery System (ODS) rules require reporting of HEDIS-based measures. Reviewing potential collection of Medicaid HEDIS measures.	State requires ODSs to assess and report on member satisfaction.
Kentucky	Health plans contracting with state purchasing alliance report on HEDIS measures.	State surveys enrollees in state purchasing alliance.
Maryland	HMOs are required to submit a subset of HEDIS to HCACC. HCACC issues annual report cards.	HCACC is required to survey consumers on health plan satisfaction, and may survey participating providers.
Minnesota	Commercial HMOs report several HEDIS quality measures. State is reviewing potential collection of Medicaid HEDIS measures. Under Provider Information Pilot Study, MN Health Data Institute is directed to collect comparative data on quality from health plans. Not yet underway.	MN Health Data Institute conducted consumer satisfaction survey for health plans in 1995.

Missouri	<p>Missouri Health Systems Partnership has developed a set of voluntary quality measures - MoHIS 1.0 - for health plans to report to state.</p> <p>Department of Insurance is mandated to publish consumer report cards in the future.</p> <p>Medicaid HMOs must submit modified Medicaid HEDIS measures to state</p>	<p>State conducts consumer satisfaction surveys for state employees.</p> <p>Medicaid will conduct consumer satisfaction surveys for those enrolled in managed care plans.</p>
New Mexico	In 1996, health plans will submit NCQA HEDIS data in voluntary pilot. Submission is mandatory in 1997.	State may conduct consumer satisfaction surveys as part of health plan reporting for public use.
Oregon		Medicaid agency conducts consumer satisfaction survey. Relies on GHAA survey instrument.
Washington	Health plans participating in Basic Health Plan and state employees plan must submit HEDIS data to the state. State does not yet offer plan comparisons.	Medicaid conducts monthly satisfaction surveys.

Information in this table is taken from *The Market for Accountability: Measuring and Managing Health Plan Performance*, Jeanne M. De Sa, Alpha Center, Washington, D.C., November 1996.